_	PAIENT	APPLICATION Effect	tive Janua			, A				266	M(41	·	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL EI	YIIIY	OR	OTHER		
TÇ	TAL CLAIMS	•	15			The state of the s		PATE	FEE	1	RATE	FEE.	
FO	ıR		NUMBER	FILED	NUMBER EXTRA		84	SIC FEE	375.00	OR	Basic Fee	750.00	
TO	TAL CHARGEA	BLE CLAIMS	14 - mi	nus 20=	þ			C\$ 9=		OR	X\$18=		
NC	EPENDENT CL	AIMS .	3- 1	inus 3 =	B		F	X42•		OR	X84=		
MU	ATIPLE DEPEN	DENT CLAIM P	RESENT				1.	140=		OÀ	+280=		
. 11	the difference	in column 1 is	less than z	ero, enter	'Ô' in c	otumn 2		OTAL		ОЯ	TOTAL	2-3	
	/	LAIMS AS A	MENDE	D - PAR	T 11			VIAL	<u> </u>	Jon	OTHER	710/	0
1	10/05	(Column 1)		(Colur	nn 2)	(Column 3)	S	MALL	ENTITY	OR	SMALL		
AMENDMENTA		CLAMS REMAINING AFTER AMENDMENT		HEGH NUM PREVIO PAID	SER SUSLY	PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₹	Total	. 12	Minus	-2	0	-\ _	,	C\$ 9=		OR	X\$18=		
Ĭ	Independent	•3	Minus	(3	- X		K42=		OR	X84≃	1	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		T.	140=		OR	+280=	X	
1	dista						L	TOTAL SIT. FEE			YOYAL ADDIT, FEE		
_	BIVE	(Column 1)		(Colur		(Column 3)							j
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		MUM PREVIO PAID	BER	PRESENT EXTRA		PATE	ADOI- TIONAL FEE		RATE	ADDI- PIONAL PER	
\$	Total	./2	Minus	- /	0		5	C\$ 9=		OA	X\$18=		
ME	Independent	• 3	Minus	440	<u>3</u>	•		K42=		OR	X84=		
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	al 18	7						TOTAL		09	TOTAL		
6	1124()	6		32.1	4	12.6	ADI	IT. FEE		OR	ADDIT. FEE	L	
4	70 70	(Column 1)		(Colur		(Column 3)	-				_		l
ENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	YEU	PRESENT EXTRA	1	ME	ADDI- TIONAL FRE:		RATE	ADDI- TIONAL FEE	b
Z O	Total	- 10	Minus	00	20	-	1	292	7	OR	X\$18=	17	ľ
AMENDA	independent	• 3	Minus		3_	•	-	(42-	(X84=	/ .	1
4	FIRST PRESE	INTATION OF M	ULTIPLE DE	PENDENT	CLAIM		-	 /	1	OR			1
							1.	140/	V	OR	+290	<i>j</i>	Ì
		mn 1 is less than I mber Previously P						JOTAL AT, FEE	7	OR	TOYAL	1/	1

Application or Docket Number